



# **Licensing Board for the City of Boston**

One City Hall Square, Room 809, Boston, Massachusetts 02201

Telephone: (617) 635-4170 | Facsimile: (617) 635-4742 Email: [LicensingBoard@boston.gov](mailto:LicensingBoard@boston.gov)

## **Request for Changes to License (Alcohol-Related Licenses)**

(Revised 10/2024)

**Instructions:** Please complete this form only when requesting changes to the (1) operating hours, (2) conditions, (3) capacity, or (4) outdoor patio of a Club, Common Victualler with Alcohol, Druggist, General on Premise, innholder with Alcohol, Retail Package Store, or Tavern License. Submit this form on our online portal: <https://bit.ly/blbapp1>. For other changes, please visit [www.boston.gov/licensing](http://www.boston.gov/licensing) ("Common Forms")

1. Entity Name (Individual/Corporation): \_\_\_\_\_

2. License Number: LB - \_\_\_\_\_

3. Doing Business As (d/b/a, if different from above): \_\_\_\_\_

**4. License Type:**

- |                                  |                        |
|----------------------------------|------------------------|
| Club                             | Innholder (no alcohol) |
| Common Victualler (With Alcohol) | Retail Package Store   |
| Druggist                         | Tavern                 |
| General on Premise               |                        |

5. Business Address: \_\_\_\_\_

6. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

7. Contact Phone Number: \_\_\_\_\_

8. Email Address: \_\_\_\_\_

**9. Change(s) Requested:**

Change of Hours

Change of Conditions

Change of Capacity (When changing Capacity, if there is a physical change to the floor plan, please complete the ABCC's Alteration of Premises form)

Addition of an Outdoor Patio permitted through the City's Outdoor Dining Program

10. Change from: \_\_\_\_\_

\_\_\_\_\_

11. Change to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STATEMENT OF APPLICANT:** Under the pains and penalties of perjury, I affirm that the answers contained in this application are true to the best of my knowledge and belief, and that there are no other indirect interests in this license other than those indicated in this application. I affirm that I have read and understand the instructions provided.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_